



Bedford Nursery Schools Federation

Safeguarding / Child Protection Policy

“Safeguarding is defined as protecting children from maltreatment, preventing impairment of mental and physical health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children’s life chances.”

Safeguarding incidents can happen anywhere and staff should be alert to possible concerns being raised in school.

All staff including may raise concerns directly with Children’s Social Care should they feel it necessary.

This Safeguarding/Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school and should be read in conjunction with the Whistleblowing Policy, Behaviour Policy, Anti Bullying Policy and Safer Recruitment Policy, PREVENT Policy and E Safety Policy. Further information on COVID 19 is detailed in the supplementary document [“COVID 19¹ safeguarding”](#)

Updated: September 2020

Approved by governors:

Review date: As changes happen (Sept 2021)

¹ Link to government publication COVID 19 Safeguarding in schools

Index

	Page
Introduction and purpose of policy	3
Statutory Framework	4
Overall aims and Key Principles	5
The Designated Safeguarding Leads	6
The Governing Body School Procedures – Staff responsibilities Children with Social Workers	7
Children Looked After Multi Agency Working Confidentiality	8
Children missing education Communication with parents Staff support Record keeping and information sharing	9/10
Safer School Culture Safer recruitment Allegations against staff Opportunities to teach safeguarding	11/12
PART 2	
When to be concerned Dealing with disclosures	14
Online Safety Children’s Mental Health Children with family member in prison	15
Child Criminal Exploitation Child Sexual Exploitation Serious Violence	16
County Lines	17
Indicators of harm	
Physical abuse	18
Emotional abuse	21
Neglect	22
Sexual abuse	24
Honour Based abuse inc FGM	25
Upskirting	26
Flow Chart for raising safeguarding concerns	27
Flow chart of when and how to share information	28
Parental support for online safety School support for online safety	29
Additional support - where to find	30
Training Log	31
Updates	32

Purpose of the Policy

This policy is designed to inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out.

Bedfordshire Safeguarding Children Board and Inter Agency Child Protection and Safeguarding Children Procedures

The school follows the procedures established by the Bedfordshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Bedfordshire working with children and their families.

School Staff, Students and Volunteers

School staff, students and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop and thrive because they have daily contact with children.

All school staff, students and volunteers will receive safeguarding children training so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed at the beginning of each term, our designated person delivers this update. Temporary staff will be made aware of the safeguarding policy and procedures as part of the induction process. All staff and long term volunteers will be DBS cleared at enhanced level and no volunteer or visitor will be left unsupervised at any time whilst in the school.

Mission Statement

At Bedford Nursery Schools Federation we will:

Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

Contribute to the five outcomes which are key to children's well-being:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being

Implementation, monitoring and review of the policy

This policy will be reviewed annually by the designated governor and the designated person and any amendments will be shared with staff and the governing body as appropriate. It will be implemented through the schools induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the designated senior person and through staff performance measure.

STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Bedfordshire Safeguarding Children Board Inter Agency Child Protection and Safeguarding Children Procedures
- Keeping Children Safe in Education (*DfE 2020*)
- Working together to Safeguard Children and Young People (HM Gov July 2018)
- The Education (pupil information)(England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (2011)
- Information sharing 2015
- What to do if you're worried a child is being abused March 2015
- Relay Scheme Bedford Borough Sept 2015
- Sexual harassment and sexual violence between children in schools and colleges (DfE December 2017)
- Disqualification under the childcare act 2006 (June 2016)
- Information Sharing (DfE 2018)

Working Together to Safeguard Children required all schools to follow the procedures for protecting children from abuse which are established by the Bedfordshire Safeguarding Children Board. Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse. These procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Keeping Children Safe in Education places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Bedfordshire Safeguarding Children Board.
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse or suspected of abuse.
- A designated senior person should have responsibility for coordinating action within the school and liaising with other agencies.
- Staff with designated responsibility for child protection should receive appropriate training.
- Keeping Children Safe in Education (DfE 2020) also states:

“All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures, and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child’s welfare.”

OVERALL AIMS

This policy will contribute to safeguarding our pupils/students and promoting their welfare by:

- Clarifying standards of behaviour for staff and pupils/students.
- Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect and shared values.
- Introducing appropriate work within the curriculum.
- Encouraging pupils and parents to participate.
- Alerting staff to the signs and indicators that all might not be well.
- Developing staff awareness of the causes of abuse.
- Developing staff's awareness of the risks and vulnerabilities their pupils/students face.
- Addressing concerns at the earliest possible opportunity and reducing the potential risks pupils/students face of being exposed to violence, extremism, exploitation or victimisation.

This policy will contribute to supporting our pupils/students by

- Identifying and protecting the most vulnerable.
- Identifying individual needs where possible; and
- Designing plans to meet those needs.

This policy will contribute to the protection of our pupils/students by

- Including appropriate work within the curriculum.
- Implementing child protection policies and procedures; and
- Working in partnership with pupil/students, parents and agencies.
- Ensuring all pupils are supported to learn and understand the significant relationships in their lives to include what constitutes an appropriate relationship with adults and their peers.

KEY PRINCIPLES

These are the key principles of safeguarding children are:

- Always see the child first.
- Never do nothing.
- Do with, not to, others.
- Do the simple things better.
- Have conversations; build relationships.
- Outcomes not output.

In addition the Board has identified the following key safeguarding messages for schools:

- Every child is entitled to a rich and rounded curriculum
- Schools operate with public money; this should be spent wisely, targeting resources on the evidenced needs of the children at school now. Assurance and audit are important aspects of this.
- Governance is corporate and decisions are collective, but individual governors can and should take the lead on specific aspects of school life such as safeguarding.
- When issues arise, head teachers should speak out addressing them internally where possible and escalating them when this is unsuccessful.

THE DESIGNATED SAFEGUARDING LEADS

The Designated Leads for Safeguarding/Child Protection for Bedford Nursery Schools Federation are Mrs *Julie Smith* and Mrs *Lesley Boyle*

There are named deputy designated persons in all schools and these are:

Ms Suzie Hoefkens and *Mrs Victoria Rempel*

The Federation's Family Support Worker is also a designated person: *Mrs Clare Oliver*

Office Manager *Mrs Sandra Munday* has received full training

There will be one person with training available in school at all times.

It is the responsibility of the Designated Lead for Safeguarding/Child Protection to:

- Ensure that they receive refresher training at least at two yearly intervals to keep their knowledge and skills up to date
- Ensure that all new staff receive a safeguarding children induction within 7 working days of the commencement of their contract
- Ensure all staff receive at least annual refresher training
- Ensure that temporary staff and volunteers are made aware of the schools arrangements for safeguarding children within 7 days of their commencement of work
- Ensure that the school operates within the legislative framework and recommended guidance.
- Ensure that all staff and volunteers are aware of the BSCB Inter-agency Child Protection and Safeguarding Procedures.
- Ensure reports are submitted to or the schools attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that accurate safeguarding records relating to individual children are kept separate from academic files in a secure place, marked 'Strictly Confidential,' and are passed securely when the child moves to a new school.
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services; Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan.
- Refer cases of suspected abuse to the local authority children's social care as required
- Support staff who make referrals to local authority children's social care;
- Refer cases to the Channel programme where there is a radicalisation concern as required
- Support staff who make referrals to the Channel programme
- Act as a source of support, advice and expertise for all staff.
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required
- Refer cases where a crime may have been committed to the Police as required
- The designated safeguarding lead and any deputies should liaise with the three safeguarding partners and work with other agencies in line with [Working Together to Safeguard Children](#)¹. [NPCC](#)²- When to call the police should help designated safeguarding leads understand when they should consider calling the police and what to expect when they do
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer to undertake assessment under the EHA or refer to MASH
- Liaise and work with the three safeguarding partners in Bedford Borough
- Provide guidance to parents, children and staff about obtaining suitable support.
- Discuss with new parents the role of the Designated Safeguarding Lead and the role of safeguarding in school. Make parents aware of the safeguarding procedures used and how to access the safeguarding children/child protection policy.

The designated safeguarding lead is expected to:

- Act as a point of contact with the three safeguarding partners
Liaise with the headteacher where the head teacher is not the lead person to inform him or her of issues- especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- As required, liaise with the "case manager" (as per Part four) and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member

- Help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing, or have experienced, with teachers and school and college leadership staff. Their role could include ensuring that the school or college, and their staff, know who these children are, understand their academic progress and attainment and maintain a culture of high aspirations for this cohort; supporting teaching staff to identify the challenges that children in this group might face and the additional academic support and adjustments that they could make to best support these children.

1 <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

2 <https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf>

THE GOVERNING BODY

The governing body has overall responsibility for ensuring that there are sufficient measures in place to safeguard children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for child protection is: *Mrs Jane Walker*

In particular the governing body must ensure:

- Child protection policy and procedures.
- Safer recruitment procedures.
- Appointment of DSP who is a senior member of the school leadership team.
- Relevant training for safeguarding children is attended by staff and volunteers.
- Safe management of allegations.
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay.
- A member of the governing body (usually the Chair) is nominated to be responsible in the event of an allegation being made against the Head Teacher.
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged.

SCHOOL PROCEDURES – STAFF RESPONSIBILITIES

If any member of staff is concerned about a child they must inform the designated lead in their school.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. This should be made on the My Concerns proformas which are available in all classrooms. The entry should be dated in full (dd/mm/yyyy) and handed to the most senior member of staff on site immediately. The Designated Safeguarding Lead should be informed immediately that a concern has been raised. They will then decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services, but any member of staff may raise concerns directly with Children's Social Care services.

If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

Particular attention should be given to Children Looked After (CLA) who may have additional vulnerabilities.

The Designated Safeguarding Lead will then input the information onto the My Concerns system or ask the administration staff to do this.

The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

Children with Social Workers (CIN and CP Plans)

Where a child is on a Child in Need or Child Protection plan a named social worker should be in place. The details of this social worker should be notified to the school by the Local Authority and the DSL should record this information. The school should liaise with the named Social Worker when decisions are made with regard to

safeguarding, for example unauthorised absences from school and promoting welfare. Evidence from CIN and CP meetings should be considered when making decisions in these cases.

The Designated Safeguarding Lead should be aware of and make reference to the Review of Children in Need document updated in June 2019 to inform decisions about welfare and safeguarding

<https://www.gov.uk/government/publications/review-of-children-in-need/review-of-children-in-need>

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child's academic file.

Looked after children and previously looked after children.

The most common reason for children becoming looked after is as a result of abuse and/or neglect. Governing bodies should ensure that staff have the skills, knowledge and understanding to keep looked after children safe. In particular, they should ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents, or on an interim or full care order) and the child's contact arrangements with birth parents or those with parental responsibility.

They should also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The designated safeguarding lead should have details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

A previously looked after child potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken when necessary to safeguard these children, who are a particularly vulnerable group.

MULTI-AGENCY WORKING

Inline with KCSIE 2020 Bedford Nursery Schools will play a pivotal role in the multi-agency safeguarding arrangements for Bedford Borough.

Locally, the three safeguarding partners (the local authority; a clinical commissioning group for an area within the local authority; and the chief officer of police for an area (any part of which falls) within the local authority area) will make arrangements to work together with appropriate relevant agencies to safeguard and promote the welfare of local children, including identifying and responding to their needs.

The three safeguarding partners have a shared and equal duty to work together to safeguard and promote the welfare of children. To fulfil this role they must set out how they will work together and with any relevant agencies.

CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- Child Protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the designated safeguarding person feels their having knowledge of a situation will improve their ability to deal with an individual child or family. A written record will be made of what information has been shared with whom and when.
- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.
- **Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.**

Child Protection records will be stored securely in the office cabinet, separate from academic records. Individual files will be kept for each child; the school will not keep family files. Files will be kept for at least the period during which the child is attending the school, and beyond that in line with current data legislation and guidance.

The federation now also uses an online system for recording safeguarding records called My Concerns. All staff have a user name and password to access this system in order to enable them to access resources such as policies and risk assessments. Only the Designated Safeguarding and office staff will have the level of access required to update individual cases. Access to these records by staff other than the Designated Safeguarding Lead will be restricted.

CHILDREN MISSING EDUCATION

The school will notify the local authority when we are about to remove a child from the admissions register within 5 days of the child last attending nursery. This is in compliance with the Children Missing in Education statutory guidance Sept 2016.

Attendance is monitored daily through the class registers and children identified as not attending on a regular basis are referred to the Family Support Worker and Senior Leaders so that attempts can be made to ensure children attend school. Where practical the school will hold more than one emergency contact on file for a child.

When children leave the nursery school all attempts will be made to establish their destination school so that effective handover can happen.

COMMUNICATION WITH PARENTS

Bedford Nursery Schools Federation will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

Display the policy on the school website and include a section in the parent handbook.

STAFF SUPPORT

We recognise the stressful and traumatic nature of child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate. All staff are invited to arrange 1:1 supervision with a senior member of staff at any time.

RECORD KEEPING AND INFORMATION SHARING

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe. When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Use the school My Concerns form available in the classroom.
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Use the diagram on proforma Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

All safeguarding concerns will be logged digitally on the system called 'My Concerns'. All this information will be maintained inline with the schools GDPR record management policy.

Bedford Nursery Schools Federation pays close attention to the DfE guidelines on information sharing and adheres to the "7 golden rules to sharing information".

It is noted that KCSIE 2020 states:

"The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children"

- Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights laws are NOT barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Be open and honest with the individual (and their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing information concerned, without disclosing the identity of the individual where possible.
- Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be mindful that an individual might not expect information to be shared.
- Consider safety and well-being; base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure the information that you share is necessary for the purpose you are sharing it, it is only with those individuals who need to have it, is accurate and up to date, is shared in a time fashion and is share securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Designated Safeguarding Leads or other concerned practitioners should refer to the Data Sharing Toolkit available online at: <https://www.gov.uk/government/publications/data-protection-toolkit-for-schools> for further guidance.

HOW AND WHEN TO SHARE INFORMATION

When asked to share information, you should use the flowchart on appendix 2 to help you decide if, and when, to share. If the decision is take to share, you should consider how best to effectively share the information. (see appendix 2 for flowchart)

Further details on information sharing can be found:

Chapter one of Working Together to Safeguard Children, which includes a myth-busting guide to information sharing <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

The Information Commissioner's Office (ICO), which includes ICO GDPR FAQs and guidance from the department <https://ico.org.uk/for-organisations/business/>

A SAFER SCHOOL CULTURE

Safer recruitment and selection

The federation pays full regard to 'Keeping Children Safe in Education' (DfE 2020). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Services (DBS). The Single Central Record is maintained by the Office Manager and is reviewed at least annually by the designated governor. The SCR includes checks for teacher prohibition and disqualification by association and all staff and governors are required to complete a disqualification by association declaration. All governors are subject to a S128 check and this information is included in the SCR.

All recruitment materials will include a reference to the school's commitment to safeguarding and promoting the well-being of children.

Mrs Sandra Munday, Mrs Lesley Boyle, Mrs Julie Smith, Mrs Jane Walker and Mr Robin Thomas have undertaken Safer Recruitment training and one of them will be involved in all staff/volunteer recruitment and sit on the recruitment panel.

To further support a Safer School culture the Federation does not use staff from supply agencies. All staff are recruited to the federation for fixed term or permanent positions and subject to a rigorous recruitment process.

ALLEGATIONS INVOLVING SCHOOL STAFF OR VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present.

This record should be signed, dated and immediately passed on to the Head Teacher.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. The Chair of Governors for the federation is: *Cllr Jane Walker* and she can be contacted at jane@janewalker.co.uk or through the clerk to governors.

In the absence of the Chair of Governors the Vice Chair should be contacted. The Vice Chair of Governors for the federation is: *Mr Robin Thomas* and he can be contacted robin_thomas_bedford@yahoo.co.uk at or through the clerk to the governors.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer. If the allegation meets any

of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 4.1 of the Bedfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head Teacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

For further information see: :

HSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)

Section 4.1 Managing Allegations Against Adults who work with Children and Young People

OPPORTUNITIES TO TEACH SAFEGUARDING

At Bedford Nursery Schools Federation we are aware that it is our responsibility to ensure children are taught about safeguarding themselves and others in a way that children of this age can understand. It is never the aim to frighten or alarm children or make them unduly anxious about the world around them.

Practitioners will deliver this education through the [Early Years Foundation Stage Curriculum](#) with particular regard to Personal, Social and Emotional Development, in preparation for the National Curriculum RSHE (Sept 2020)

PART 2

When to be concerned
Dealing with disclosures
Categories of abuse
Indicators of harm

Further guidance

WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse.
- Emotional abuse.
- Sexual abuse.
- Neglect.

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details.**

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home.
- Act in a way that is inappropriate to her/his age and development.
- (full account needs to be taken of different patterns of development and different ethnic groups).
- Display insufficient sense of 'boundaries', lack stranger awareness.
- Appear wary of adults and display 'frozen watchfulness.

DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff or volunteer should:

- Listen to what is being said without displaying shock or disbelief.
- Accept what is being said.
- Allow the child to talk freely.
- Reassure the child, but not make promises which it might not be possible to keep.
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services.
- Reassure him or her that what has happened is not his or her fault.
- Stress that it was the right thing to tell.
- Listen, only asking questions when necessary to clarify.
- Not criticise the alleged perpetrator.
- Explain what has to be done next and who has to be told.
- Make a written record (see Record Keeping).
- Pass the information to the Designated Senior Person without delay.

ONLINE SAFETY

As more pupils access online teaching the governing body will ensure that all parents are aware of the dangers of children accessing inappropriate online materials. Advice and guidance will be available for all parents and the appropriate filters and firewalls will be in use in school.

See Part 2 for details of all support for online safety.

CHILDREN'S MENTAL HEALTH

At Bedford Nursery Schools Federation all adults recognise that we have an important part to the play in the support of children and their mental health and well being. We acknowledge that behaviour and sudden or unexplained changes in children's behaviour can be an indicator that a child is suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

The school has a Well Being Policy in place and undertake regular observations of children's well being and involvement using the Leuven Scales.

The school have staff members training in Infant Mental Health who can be called upon to offer further support for children where a need may be identified.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

The school has a clear route of escalation in place and makes the appropriate referrals for mental health support for children and parents. These include, but may not be exclusive to:

- EHA – Early Help Assessment through Bedford Borough Council
- Child's GP
- Health Visitor Team
- Children's Centre
- CAMHS/CHUMS
- Child Development Centre

Further detailed guidance can be found at: [Childrens Mental Health](#)

Further guidance and advice on mental health can be found at Public Health England

[Mental Health and Behaviour in Schools](#)
[Preventing and tackling bullying advice](#)

CHILDREN WITH FAMILY MEMBERS IN PRISON

At Bedford Nursery Schools Federation we are aware that some children will have a parent who is in prison or may be sentenced whilst they are in our care. We acknowledge that these children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health and may require specialist support and will make appropriate referrals to Children's Services.

Further guidance on support for these children and families can be sought from [NICCO](#), which provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

CHILD CRIMINAL EXPLOITATION (CCE)

At Bedford Nursery Schools Federation we are aware of the potential for exploitation of some of our pupil's parents and/or older siblings.

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity:

- in exchange for something the victim needs or wants, and/or
- for the financial or other advantage of the perpetrator or facilitator and/or
- through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology. CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines) forced to shoplift or pickpocket, or to threaten other young people.

Staff should be vigilant for the following indicators in children at school:

- children who appear with unexplained gifts or new possessions
- parents/older siblings who associate with other people involved in exploitation;
- children who suffer from changes in emotional well-being;
- parents/siblings who may misuse drugs and alcohol;
- children who regularly miss school or education

CHILD SEXUAL EXPLOITATION (CSE)

At Bedford Nursery Schools Federation we are aware of the potential for sexual exploitation of some of our pupil's parents and/or older siblings.

CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity

(a) in exchange for something the victim needs or wants, and/or

(b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

Staff should be vigilant for the following indicators in children at school:

- children who appear with unexplained gifts or new possessions
- parents/older siblings who associate with other people involved in sexual exploitation;
- children who suffer from changes in emotional well-being;
- parents/siblings who may misuse drugs and alcohol;
- children who regularly miss school or education
- changes in children's behaviours

SERIOUS VIOLENCE (INDICATORS IN PARENTS)

All staff should be aware of indicators, which may signal that parents/carers of children attending the school are at risk from or involved with serious violent crime. These may include increased absence of their child from school, a change in relationships with other adults, signs of self harm or unexplained injuries and a change in general well-being. Unexplained gifts or possessions could indicate that parents/carers are have been approached to be involved in serious violent criminal gangs.

Staff should be aware of the associated risks and understand the measures in place to manage these. Advice for schools and colleges is available via the Home Office publication Advice to schools and colleges on gangs and youth violence and Criminal exploitation of children and vulnerable adults: county lines. (*refer to KCSIE 2020 p31*)

COUNTY LINES *(parents and siblings)*

At Bedford Nursery Schools Federation we are aware of the term 'County Lines' and the possible implications on our families. We appreciate that parents and/or older siblings of our children may become involved in the import and export of illegal drugs through coercion, intimidation, violence (including sexual violence) and weapons and the effect this could have on children in our school.

Children and young adults can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.

One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism¹⁰³ should be considered. If a child or parent at our school is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

Further information on County Lines is available from the [Home Office](#)¹

¹ Home office <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

INDICATORS OF HARM

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

INDICATORS IN THE CHILD

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechial haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Emotional/behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others

- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family.
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate care-givers); or***
- ***ensure access to appropriate medical care or treatment.***

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

Emotional/behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

HONOUR BASED ABUSE

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

Female Genital Mutilation

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems

- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

Reporting procedures

Where a member of staff is aware that a child has undergone FGM either through a disclosure or from observing this, they have a responsibility under Section 5B of the Female Genital Mutilation Act 2003 to report this to the Police. This should be done directly but with the support of their designated safeguarding lead. If a member of staff has concerns that a child is at risk of FGM then they would report this to their safeguarding lead who will make the decision of what action to take.

Where a member of staff receives information from a child that a family member under the age of 18 may have undergone FGM then this must be reported to the DSL in school.

UPSKIRTING

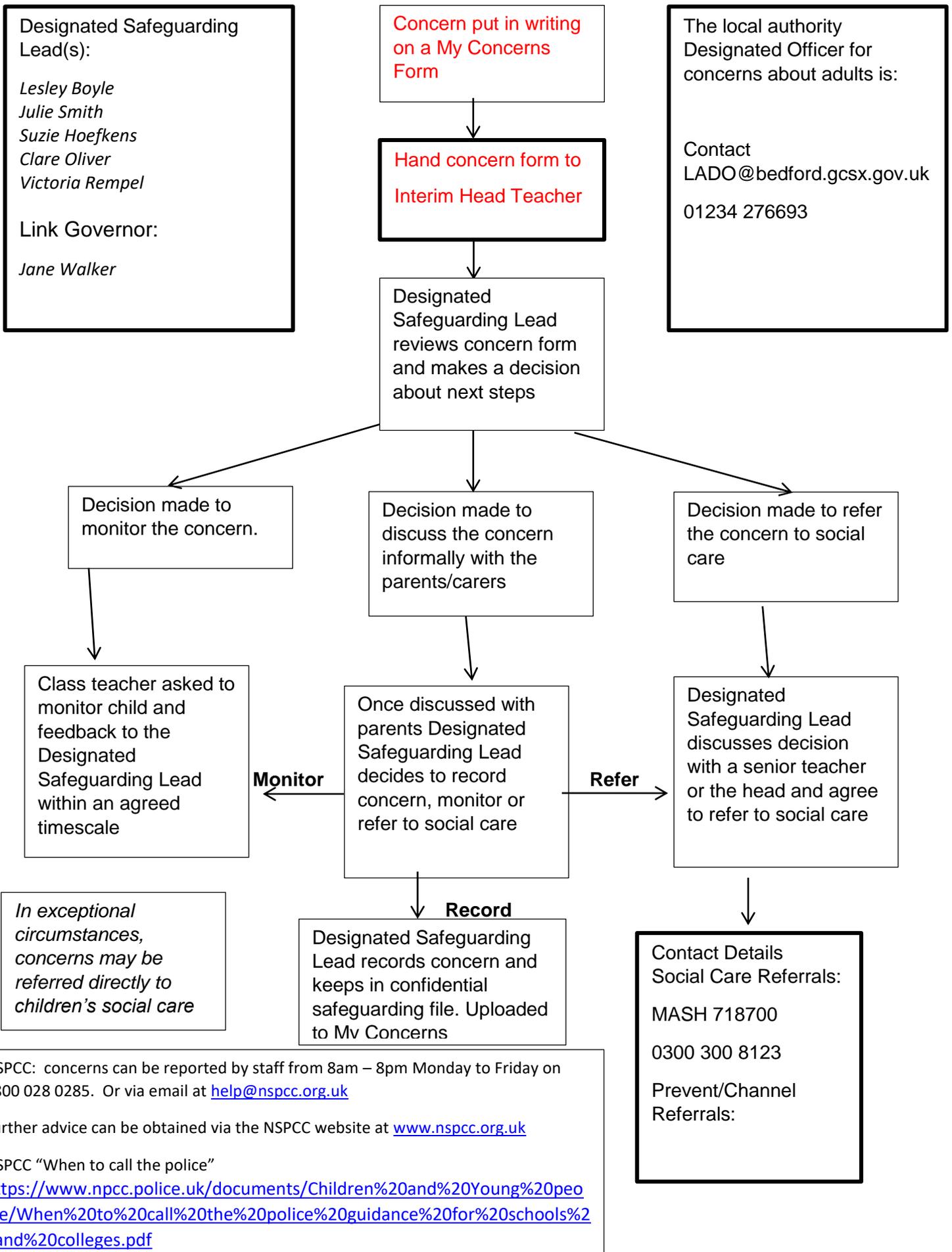
Upskirting is defined as follows: “typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genital or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence and may constitute sexual harassment”.

All cases of suspected upskirting should be reported to the Head Teacher or Head of School immediately. (refer to page 94 in KCSIE 2020)

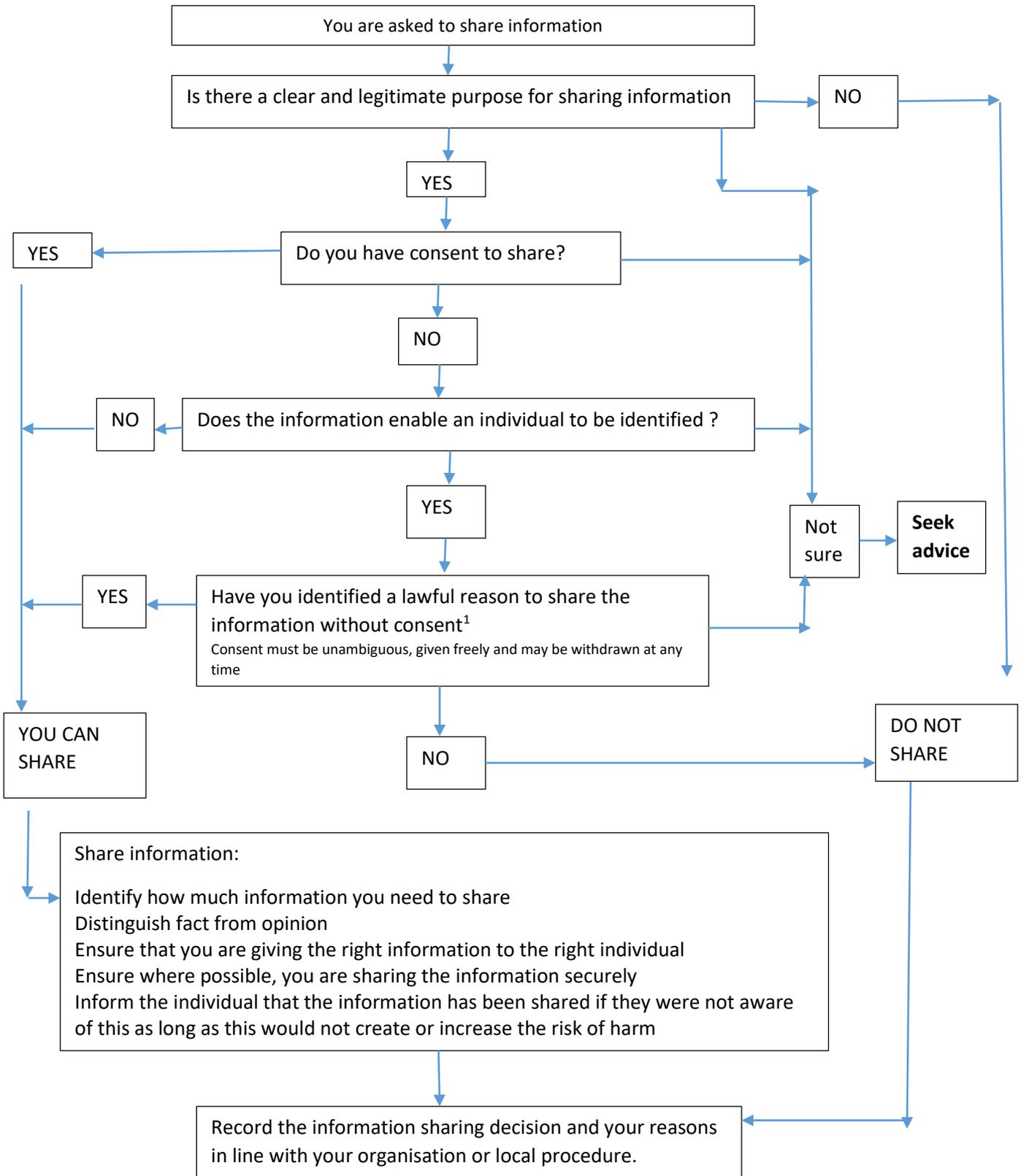
This offence is covered under the [Voyeurism Act¹](#)

¹ <https://www.gov.uk/government/news/upskirting-law-comes-into-force>

FLOW CHART FOR RAISING SAFEGUARDING CONCERNS ABOUT A CHILD



Flowchart of when and how to share information



PARENTAL SUPPORT FOR ONLINE SAFETY

- [Childnet](#) offers a toolkit to support parents and carers of children of any age to start discussions about their online life, to set boundaries around online behaviour and technology use, and to find out where to get more help and support
- [Commonsensemedia](#) provide independent reviews, age ratings, & other information about all types of media for children and their parents
- [Government advice](#) about protecting children from specific online harms such as child sexual abuse, sexting, and cyberbullying
- [Government advice](#) about security and privacy settings, blocking unsuitable content, and parental controls
- [Internet Matters](#) provide age-specific online safety checklists, guides on how to set parental controls on a range of devices, and a host of practical tips to help children get the most out of their digital world
- [Let's Talk About It](#) provides advice for parents and carers to keep children safe from online radicalisation
- [London Grid for Learning](#) provides support for parents and carers to keep their children safe online, including tips to keep primary aged children safe online
- Lucy Faithfull Foundation [StopItNow](#) resource can be used by parents and carers who are concerned about someone's behaviour, including children who may be displaying concerning sexual behaviour (not just about online)
- [National Crime Agency/CEOP Thinkuknow](#) provides support for parents and carers to keep their children safe online
- [Net-aware](#) provides support for parents and carers from the NSPCC and O2, including a guide to social networks, apps and games
- [Parentzone](#) provides help for parents and carers on how to keep their children safe online
- [Parent info](#) from Parentzone and the National Crime Agency provides support and guidance for parents from leading experts and organisations
- [UK Safer Internet Centre](#) provide tips, advice, guides and other resources to help keep children safe online

EDUCATION SUPPORT FOR ONLINE SAFETY

- [Education for a connected world framework](#) from the UK Council for Internet Safety supports the development of the curriculum and is of particular relevance to RSHE education and Computing. It is designed, however, to be usable across the curriculum and beyond (covering early years through to age 18) and to be central to a whole school or college approach to safeguarding and online safety.
- [Teaching online safety](#) in school is departmental guidance outlining how schools can ensure their pupils understand how to stay safe and behave online as part of existing curriculum requirements
- [Thinkuknow](#) is the National Crime Agency/CEOPs education programme with age specific resources
- [UK Safer Internet Centre](#) developed guidance and resources that can help with the teaching of the online safety component of the Computing Curriculum.

ADDITIONAL ADVICE AND SUPPORT

FURTHER SUPPORT CAN BE FOUND IN [APPENDIX A OF KCSIE 2020](#) (page 82 onwards)

Abuse

Bullying

Children with family members in prison

County Lines

Drugs

“Honour Based Abuse” (so called)

Health and Well-being

Homelessness

Online

Private fostering

Radicalisation – See BNSF Prevent Policy

Upskirting

Violence

Training Log

Full Safeguarding – Working Together

Lesley Boyle	March 2018	update booked sept 2020
Julie Smith	March 2019	
Suzie Hoefkens	February 2018	
Clare Oliver	June 2018	
Victoria Rempel	July 2017	update booked Sept 2020
Sandra Munday	June 2019	

Additional Training:**Clare Oliver:**

The effects of drug/alcohol misuse on children	March 2015
The effects of mental health on children	May 2015
The effects of domestic violence on children	September 2015
Protective Behaviours	June 2016
Train the Trainer effects of domestic violence	June 2016
Supportive Play Therapy	January 2017
Neglect Conference	March 2017
CSE Conference	March 2017
Graded Care Profile	June 2017
Fathers Role in Safeguarding	October 2017

Sandra Munday

Awareness of child abuse and neglect Online	July 2014
Introduction to safeguarding	July 2014
First Aid at Work	April 2019
Fire Warden Training	March 2019
Safer Recruitment	June 2020

Lesley Boyle

Safer Recruitment	June 2020
-------------------	-----------

Julie Smith

Safer Recruitment	June 2020
-------------------	-----------

Lisa Phillips

Fire Warden Training	July 2018
First Aid at Work	June 2019

Updates:

April 2019 – to include reporting procedures for FGM (page 21)

September 2019 – to reflect the changes in KCSIE 2019: Part 1 and Annex A.

Upskirting (pg 20). Serious Violence (pg 21). New NSPCC helpline (pg 23)

September 2020 – to reflect the changes in KCSIE 2020:

KCSIE	Update	Policy
part 1 para4	include mental health in safeguarding	Cover page
part 1 para 21	inclusion of statement that staff need to recognise the risks to children from the wider environment paragraph added page in statutory framework	Page 4
Part 1 para 28	Contextual safeguarding removed and replaced with CCE and CSE	Page 16
Part 1 para 34/38	Mental Health - new section	Page 15
Part 1 para 56	Use of Supply staff – statement that BNSF do not use supply staff	Page 11*
Part 2 para 70	Added link to NPCC guidance on when to call police	Page 6
Part 2 para 74/78	Multi Agency working	Page 8
Part 2 para 84	Information sharing - how and when to	Page 27/28
Part 2 para 86	Reference to the Data Protection toolkit	Page 10
Part 2 para 94	Teaching safeguarding as part of RHSE	Page 12
Part 2 para 101	Managing allegations against supply staff	Page 11*
Part 2 para 109	Supporting children with Social workers	Page 7
Part 2 para 113	Children’s Mental Health	Page 15
Part 4 para 211	New bullet point on when allegations process should be followed	Page 11
Part 4 para 214	Managing allegations against supply staff – procedures	Page 11*
Annex A	Further information	Page 30
Annex B	New requirement for Designated Safeguarding Lead	Page 7
Annex C	Online safety	Page 29
P104	Guidance regarding home learning during COVID 19 – see COVID annex to policy	

*statement included that Bedford Nursery Schools Federation do not use staff from supply agencies.